



12/07/04

AF/3731 JFW

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Di Emidio

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Serial No. 10/035,054

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Art Unit: 3731

Filed: December 28, 2001

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Examiner: Mr. Bradford C. Pantuck

For: A FORCEPS USED FOR THE  
SURGICAL REDUCTION OF  
FRACTURED FACIAL BONES

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AMENDMENT UNDER 37 C.F.R. §1.116

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

In response to the Official Action of September 16, 2004, please amend the above-identified application as follows:

IN THE CLAIMS

Amend the claims as attached.

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450



Sir:

Transmitted herewith is an Amendment in the application of:

Inventor: Di Emidio

Serial No. 10/035,054

Filed: December 28, 2001

For: A FORCEPS USED FOR THE SURGICAL REDUCTION OF FRACTURED FACIAL BONES

☒ Small entity status of this application under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted.

☐ A verified statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.

☒ No additional fee is required.

The fee has been calculated as shown below:

	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADD. FEE	OR	RATE	ADD. FEE
TOTAL	2	MINUS	** 20	0	x 9	\$ -0-		x 18	\$
INDEP	1	MINUS	*** 3	0	x 44	\$ -0-		x 88	\$
FIRST PRESENTATION OF MULTIPLE DEP. CLAIM					+150	\$		+300	\$
					TOTAL	\$ -0-	OR	TOTAL	\$

\* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

☐ Please charge my Deposit Account No. 02-2839 in the amount of \$ \_\_\_\_\_. A duplicate copy of this sheet is enclosed.

☐ A check in the amount of \$ \_\_\_\_\_ is attached.

☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 02-2839. A duplicate copy of this sheet is enclosed.

☒ Any filing fees under 37 CFR 1.16 for the presentation of extra claims.

☒ Any patent application processing fees under 37 CFR 1.17.

Case Docket No. 21430-PA  
FORM PTO-1083

CERTIFICATE OF TRANSMITTAL

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Date: November 30, 2004

Express Mail Label No. EV453246752US

By: Robert M. Gamson

Robert M. Gamson Nov 30, 2004  
Robert M. Gamson  
Reg. No. 32.986